2018-08-17-03-00227337

HAND DELIVERED

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

REPEIVED , FEC MAIL CENTER 2018 AUG 17 PH 1: 18

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				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
AMC Fund				1
<u> </u>	<u></u>	k		
ADDE-00 ()	P.O. Box 43032	1.,	<u> </u>	
ADDRESS (number and street) (Check if address	_ 	·		
is changed)		: <u></u>		
	Montclair	<u> </u>	NJ 0	7043
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	lora@bluewavepolitics	.com		i
is changed)		<u> </u>		
	Optional Second E-Mail Ad	dress		1
		·		
			<u> </u>	
2. DATE 08 1	7 2018			
3. FEC IDENTIFICATION N	umber ▶ C	THE THE THE PERSON OF THE PERS	Output Property of the Control of th	New Age of the Control of the Contro
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of Treasure				
Signature of Treasurer Hagg	gard, Lora, . , VA&//	N Hoge Q	Date 08	17 2018
NOTE: Submission of false, erron		may subject the person signing ION SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office		For further information of		FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

FEC Fo	orm 1 (Revised 02/2009)	,		Page 2
	COMMITTEE			
Candidate	e Committee:			
(a)	This committee is a principal campaign committee. (Con	mplete the candidate info	rmation below.)
(b)	This committee is an authorized committee, and is NO information below.)	T a principal campaign co	ommittee. (Con	nplete the candidate
Name of Candidate			_ 1	<u> </u>
Candidate	Office	•		State
Party Affiliat	ion Sought: House	Senate	President	District
(c)	This committee supports/opposes only one candidate, a	and is NOT an authorized	d committee.	
Name of Candidate	<u>L. i.i </u>		1 	
Party Cor	nmittee:			
(d)	This committee is a (National, State or subordinate)	e) committee of the	•	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):		·· ·-	
(e)	This committee is a separate segregated fund. (Identify	connected organization o	n line 6.) Its co	nnected organization is a:
	Corporation Corp	poration w/o Capital Stock	k 4+ 1	Labor Organization
	Membership Organization Trad	le Association		Cooperative
	In addition, this committee is a Lobbyist/F	Registrant PAC.		
(f)	This committee supports/opposes more than one Fede committee. (i.e., nonconnected committee)	ral candidate, and is NO	T a separate s	egregated fund or party
	In addition, this committee is a Lobbyist/Registrar	nt PAC.		
	In addition, this committee is a Leadership PAC.	(Identify sponsor on line 6.	.)	
Joint Fund	draising Representative:			· · · · · · · · · · · · · · · · · · ·
(g) 💌	This committee collects contributions, pays fundraising excommittees/organizations, at least one of which is an auti			
(h)	This committee collects contributions, pays fundraising excommittees/organizations, none of which is an authorized			wo or more political
Com	nmittees Participating in Joint Fundraiser			
1.	MIKIE SHERRILL FOR CONGRESS	FEC ID num	ber C Co	0640003
2.	SPANBERGER FOR CONGRESS	FEC ID num	ber C C0	0649913
3.	CHRISSY HOULAHAN FOR CONGRE	ESS FEC ID num	ber CI CO	0637371
4.		FEC ID num	ber C	· · · · · · · · · · · · · · · · · · ·

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Write or Type Committee I	Name		
AMC Fund			
6. Name of Any Connec	ted Organization, Affiliated Committee, Joi	nt Fundraising Representative, or Lea	dership PAC Sponsor
NONE			
Mailing Address			
		11:	:
			[-]
	CITY	STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: books and records.	: Identify by name, address (phone number -	- optional) and position of the person ir	possession of committee
i i	gard, Lora, , ,		•
Full Name	,1100 Market Street	<u> </u>	<u> </u>
Mailing Address	S400	<u> </u>	
	<u> </u>	<u> </u>	<u> </u>
	Chattanooga	TN 374	<u> </u>
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number 423	- 443 - 3308
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of e.g., assistant treasurer).	the treasurer of the committee; and the	e name and address of
Full Name Hagg of Treasurer	ard, Lora, , ,	<u> </u>	
Mailing Address	1100 Market Street	<u> </u>	
	S400	1 1 1 1 1 1 1 1 1 1	
	Chattanooga CITY	TN 3740	ZIP CODE
Title or Position Treasurer		Telephone number 423	443 - 3308

CITY

STATE

ZIP CODE

Mailing Address

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Next Bu	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
$\mathcal{E}_{\mathcal{I}}$	8/17/18
PREPARER (3/2015)	DATE PREPARED
·	